

State Farm Life Insurance Co.
 2702 Ireland Grove Rd
 BLOOMINGTON IL 61709-0001
 Telephone (309)783-1873

LIFE

POLICY NUMBER
 LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT

NONE

INSURED
 MICHAEL G VOGT

MICHAEL G VOGT
 12039 NW CROOKED RD
 KANSAS CITY MO 64152-1469

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 1999, to October 6, 2000.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 5, 2000, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until November 5, 2005, based on guaranteed rates; and until July 5, 2013, based on current rates.

If no further payments are made, your policy will provide coverage until May 5, 2001, based on guaranteed rates; and until August 5, 2001, based on current rates.

A payment of at least \$697.49 will provide coverage until October 6, 2001.

INSURANCE INFORMATION

Insurance Amount

Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost

Universal Life \$1,055.95

ACCOUNT VALUE

	Increase	Decrease	Balance
Beginning Balance			.00
Payments	3,492.00		
Interest Credited	101.28		
Expense Charges		234.61	
Cost of Insurance		1,055.95	
Balance as of Sep. 30, 2000			2,302.72
Interest to Be Earned Oct. 6, 2000	11.06		
Total			2,313.78

INTEREST RATE - The account value currently earns 6.25% except the account value equal to any policy loan earns 6%. From January 6, 2000 to July 5, 2000, the current interest rate was 6.1%. From October 6, 1999 to January 5, 2000, the current interest rate was 6%. The interest rates are effective annual interest rates.

Thanks for letting us serve you...

All amounts shown are subject to verification.
 See reverse side for important information.



Prepared OCT 5 2000

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

INSURED MICHAEL G VOGT

PLEASE PAY THIS AMOUNT

POLICY NUMBER LF-1722-5380

NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

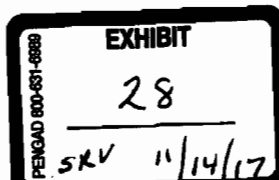
State Farm Insurance Companies
 2702 Ireland Grove Rd
 BLOOMINGTON IL 61709-0001

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ANNUAL CONTACT

LIFE

1005



Vogt, Michael G. v. SFLIC

VOGTM00000107PROD

**Information continued for policy LW-1722-5380
Prepared October 5, 2000**

SURRENDER VALUE - The surrender value as of October 5, 2000, will be \$777.78. The total account value has been reduced by the surrender charge of \$1,536.00 to determine the surrender value.

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2000

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Beginning Balance					.00
10061999	278.50	13.93	-	-	264.57
10061999	-	5.00	89.44	-	170.13
10191999	2,058.50	102.93	-	-	2,125.70
11061999	-	5.00	87.76	6.85	2,038.95
12061999	-	5.00	87.84	9.92	1,956.07
01062000	-	5.00	87.91	9.52	1,872.68
02062000	-	5.00	87.99	9.26	1,788.95
03062000	-	5.00	88.06	8.85	1,704.74
04062000	-	5.00	88.14	8.43	1,620.03
04252000	255.00	12.75	-	-	1,862.28
04302000	150.00	7.50	-	-	2,004.78
05062000	-	5.00	87.87	8.53	1,920.44
05312000	150.00	7.50	-	-	2,062.94
06062000	-	5.00	87.82	9.61	1,979.73
06302000	150.00	7.50	-	-	2,122.23
07062000	-	5.00	87.76	9.91	2,039.38
07312000	150.00	7.50	-	-	2,181.88
08062000	-	5.00	87.71	10.45	2,099.62
08312000	150.00	7.50	-	-	2,242.12
09062000	-	5.00	87.65	10.75	2,160.22
09302000	150.00	7.50	-	-	2,302.72

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rte./Route		Residence Phone Number	
City	State/Province	ZIP/Postal Code	Business Phone Number
Township	County	<input type="checkbox"/> Inside City Limits	<input type="checkbox"/> Outside City Limits

Is change: Permanent Temporary if temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)
Is the vehicle driven to and from work/school? Yes No
If the answer is "yes", what is the average weekly mileage for such use? _____

267-7271 08-31-2007 (L09008)

Vogt, Michael G. v. SFLIC

VOGTM00000108PROD

State Farm Life Insurance Co.
 2702 Ireland Grove Rd
 BLOOMINGTON IL 61709-0001
 Telephone (800)472-2384

LIFE

POLICY NUMBER

LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT

NONE

INSURED
 MICHAEL G VOGT

MICHAEL G VOGT
 12039 NW CROOKED RD
 KANSAS CITY MO 64152-1469

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2000, to October 6, 2001.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 5, 2001, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until January 5, 2007, based on guaranteed rates; and until June 5, 2013, based on current rates.

If no further payments are made, your policy will provide coverage until September 4, 2002, based on guaranteed rates; and until March 7, 2003, based on current rates.

A payment of at least \$134.41 will provide coverage until October 6, 2002.

INSURANCE INFORMATION

Insurance Amount

Universal Life

\$100,000.00

COST OF INSURANCE

Insurance Cost

Univereal Life

\$1,145.23

ACCOUNT VALUE

Balance from 2000 Annual Notice

Increase

Decrease

Balance

Payments

1,800.00

Interest Credited

137.55

Expense Charges

150.00

Cost of Insurance

1,145.23

Balance as of Sep. 30, 2001

2,956.10

Interest to Be Earned Oct. 6, 2001

13.81

Total

2,969.91

INTEREST RATE - The account value currently earns 6% except the account value equal to any policy loan earns 6%. From October 6, 2000 to May 5, 2001, the current interest rate was 6.25%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2001, will be \$1,433.91. The total account value has been reduced by the surrender charge of \$1,536.00 to determine the surrender value.

Thanks for letting us serve you . . .

All amounts shown are subject to verification.
 See reverse side for important information.



Prepared OCT 5 2001

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

PLEASE RETURN THIS PART WITH YOUR
 CHECK MADE PAYABLE TO STATE FARM

INSURED MICHAEL G VOGT

PLEASE PAY THIS AMOUNT

POLICY NUMBER LF-1722-5380

NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
 2702 Ireland Grove Rd
 BLOOMINGTON IL 61709-0001

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ANNUAL CONTACT

LIFE

1005

Vogt, Michael G. v. SFLIC

VOGTM0000101PROD

Information continued for policy LF-1722-5380
Prepared October 5, 2001

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2001

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2000 Annual Notice					2,313.78
10062000	-	5.00	95.73	-	2,213.05
10312000	150.00	7.50	-	-	2,355.55
11062000	-	5.00	95.68	11.33	2,266.20
11302000	150.00	7.50	-	-	2,408.70
12062000	-	5.00	95.62	11.60	2,319.68
12312000	150.00	7.50	-	-	2,462.18
01062001	-	5.00	95.57	11.87	2,373.48
01312001	150.00	7.50	-	-	2,515.98
02062001	-	5.00	95.52	12.14	2,427.60
02282001	150.00	7.50	-	-	2,570.10
03062001	-	5.00	95.46	12.42	2,482.06
03312001	150.00	7.50	-	-	2,624.56
04062001	-	5.00	95.41	12.69	2,536.84
04302001	150.00	7.50	-	-	2,679.34
05062001	-	5.00	95.36	12.97	2,591.95
05312001	150.00	7.50	-	-	2,734.45
06062001	-	5.00	95.30	12.73	2,646.88
06302001	150.00	7.50	-	-	2,789.38
07062001	-	5.00	95.25	13.00	2,702.13
07312001	150.00	7.50	-	-	2,844.63
08062001	-	5.00	95.19	13.26	2,757.70
08312001	150.00	7.50	-	-	2,900.20
09062001	-	5.00	95.14	13.54	2,813.60
09302001	150.00	7.50	-	-	2,956.10

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____
 City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____
 Township _____ County _____ Inside City Limits Outside City Limits
 Is change: Permanent Temporary If temporary, how many months? _____ Do you plan to return to your previous address? Yes No
 Mailing address change only Location change (Please see your State Farm Agent)
 (Auto Policyholders Only)
 Is the vehicle driven to and from work/school? Yes No
 If the answer is "yes", what is the average weekly mileage for such use? _____

297-727 1 08-31-2007 (0.00008)

Vogt, Michael G. v. SFLIC

VOGTM00000102PROD

State Farm Life Insurance Co.
2702 Ireland Grove Rd
BLOOMINGTON IL 61709-0001
Telephone (309)763-1835

LIFE

POLICY NUMBER
LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT

NONE

INSURED
MICHAEL G VOGT

MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

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POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2001, to October 6, 2002.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 5, 2002, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until November 5, 2007, based on guaranteed rates; and until December 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until February 4, 2004, based on guaranteed rates; and until November 5, 2004, based on current rates.

INSURANCE INFORMATION

Insurance Amount

Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost

Universal Life \$1,180.91

ACCOUNT VALUE

	Increase	Decrease	Balance
Balance from 2001 Annual Notice			2,969.91
Payments	1,800.00		
Interest Credited	162.23		
Expense Charges		150.00	
Cost of Insurance		1,180.91	
Balance as of Sep. 30, 2002			3,601.23
Interest to Be Earned Oct. 6, 2002	15.57		
Total			3,616.80

INTEREST RATE - The account value currently earns 5.5% except the account value equal to any policy loan earns 6%. From November 6, 2001 to September 5, 2002, the current interest rate was 5.75%. From October 6, 2001 to November 5, 2001, the current interest rate was 6%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2002, will be \$2,272.80. The total account value has been reduced by the surrender charge of \$1,344.00 to determine the surrender value.

Thanks for letting us serve you . . .

All amounts shown are subject to verification.
See reverse side for important information.



Prepared OCT 5 2002

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE RETURN THIS PART WITH YOUR
CHECK MADE PAYABLE TO STATE FARM

PLEASE PAY THIS AMOUNT
NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
2702 Ireland Grove Rd
BLOOMINGTON IL 61709-0001

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ANNUAL CONTACT

LIFE

1005

Vogt, Michael G. v. SFLIC

VOGTM00000113PROD

**Information continued for policy LP-1722-5380
Prepared October 5, 2002**

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2002

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2001 Annual Notices					2,969.91
10062001	-	5.00	104.28	-	2,860.63
10312001	150.00	7.50	-	-	3,003.13
11062001	-	5.00	104.23	14.04	2,907.94
11302001	150.00	7.50	-	-	3,050.44
12062001	-	5.00	104.18	13.69	2,954.95
12312001	150.00	7.50	-	-	3,097.45
01062002	-	5.00	96.69	13.91	3,009.67
01312002	150.00	7.50	-	-	3,152.17
02062002	-	5.00	96.64	14.16	3,064.59
02282002	150.00	7.50	-	-	3,207.19
03062002	-	5.00	96.58	14.43	3,120.04
03312002	150.00	7.50	-	-	3,262.54
04062002	-	5.00	96.53	14.68	3,175.89
04302002	150.00	7.50	-	-	3,318.19
05062002	-	5.00	96.47	14.94	3,231.66
05312002	150.00	7.50	-	-	3,374.16
06062002	-	5.00	96.41	15.20	3,287.95
06302002	150.00	7.50	-	-	3,430.45
07062002	-	5.00	96.36	15.46	3,344.55
07312002	150.00	7.50	-	-	3,487.05
08062002	-	5.00	96.30	15.73	3,401.48
08312002	150.00	7.50	-	-	3,543.98
09062002	-	5.00	96.24	15.99	3,458.73
09302002	150.00	7.50	-	-	3,601.23

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____

City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____

Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary if temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)
Is the vehicle driven to and from work/school? Yes No
If the answer is "yes", what is the average weekly mileage for such use? _____

201-7271 08-31-2001 (105008)

Vogt, Michael G. v. SFLIC

VOGTM00000114PROD

State Farm Life Insurance Co.
2702 Ireland Grove Rd
BLOOMINGTON IL 61709-0001
Telephone (309)763-1271

LIFE

POLICY NUMBER
LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT

NONE

INSURED
MICHAEL G VOGT

MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

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POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2002, to October 6, 2003.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 4, 2003, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until September 4, 2008, based on guaranteed rates; and until November 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until May 5, 2005, based on guaranteed rates; and until May 5, 2006, based on current rates.

INSURANCE INFORMATION

Insurance Amount

Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost

Universal Life \$1,250.54

ACCOUNT VALUE

Increase

Decrease

Balance

Balance from 2002 Annual Notice			3,616.80
Payments	1,800.00		
Interest Credited	178.92		
Expense Charges		150.00	
Cost of Insurance		1,250.54	
Balance as of Sep. 30, 2003			4,195.18
Interest to Be Earned Oct. 6, 2003	17.42		
Total			4,212.60

INTEREST RATE - The account value currently earns 5.25% except the account value equal to any policy loan earns 6%. From October 6, 2002 to December 5, 2002, the current interest rate was 5.5%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2003, will be \$3,060.60. The total account value has been reduced by the surrender charge of \$1,152.00 to determine the surrender value.

Thanks for letting us serve you . . .

All amounts shown are subject to verification.
See reverse side for important information.



Prepared OCT 4 2003

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

PLEASE PAY THIS AMOUNT
NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
2702 Ireland Grove Rd
BLOOMINGTON IL 61709-0001

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ANNUAL CONTACT

LIFE

1004

Vogt, Michael G. v. SFLIC

VOGTM00000119PROD

**Information continued for policy LP-1722-5380
Prepared October 4, 2003**

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
 Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2003

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2002 Annual Notice					3,616.80
10062002	-	5.00	104.51	-	3,507.29
10312002	150.00	7.50	-	-	3,649.79
11062002	-	5.00	104.45	15.79	3,556.13
11302002	150.00	7.50	-	-	3,698.63
12062002	-	5.00	104.40	16.01	3,605.24
12312002	150.00	7.50	-	-	3,747.74
01062003	-	5.00	104.35	15.50	3,653.89
01312003	150.00	7.50	-	-	3,796.39
02062003	-	5.00	104.29	15.71	3,702.81
02282003	150.00	7.50	-	-	3,845.31
03062003	-	5.00	104.24	15.93	3,752.00
03312003	150.00	7.50	-	-	3,894.50
04062003	-	5.00	104.19	16.13	3,801.44
04302003	150.00	7.50	-	-	3,943.94
05062003	-	5.00	104.13	16.35	3,851.16
05312003	150.00	7.50	-	-	3,993.66
06062003	-	5.00	104.08	16.55	3,901.13
06302003	150.00	7.50	-	-	4,043.63
07062003	-	5.00	104.02	16.77	3,951.38
07312003	150.00	7.50	-	-	4,093.88
08062003	-	5.00	103.97	16.98	4,001.85
08312003	150.00	7.50	-	-	4,144.39
09062003	-	5.00	103.91	17.20	4,052.68
09302003	150.00	7.50	-	-	4,195.18

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____
 City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____
 Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary if temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)
 Is the vehicle driven to and from work/school? Yes No
 If the answer is "yes", what is the average weekly mileage for such use? _____

207-723 09-31-2003 (1.0500)

Vogt, Michael G. v. SFLIC

VOGTM00000120PROD

State Farm Life Insurance Co.
 8900 Amberglen Blvd
 AUSTIN TX 78729-1110
 Telephone (512)918-6704

LIFE

POLICY NUMBER **Annual Notice of Policy Status** PLEASE PAY THIS AMOUNT NONE
 LF-1722-5380

0000001 **INSURED**
 MICHAEL G VOGT MICHAEL G VOGT
 12039 NW CROOKED RD
 KANSAS CITY MO 64152-1469

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2003, to October 6, 2004.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 5, 2004, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until June 5, 2009, based on guaranteed rates; and until October 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until July 5, 2006, based on guaranteed rates; and until August 5, 2007, based on current rates.

INSURANCE INFORMATION Insurance Amount
 Universal Life \$100,000.00

COST OF INSURANCE Insurance Cost
 Universal Life \$1,348.01

ACCOUNT VALUE	Increase	Decrease	Balance
Balance from 2003 Annual Notice			4,212.60
Payments	1,800.00		
Interest Credited	195.77		
Expense Charges		150.00	
Cost of Insurance		1,348.01	
Balance as of Sep. 30, 2004			4,710.36
Interest to Be Earned Oct. 6, 2004	18.71		
Total			4,729.07

INTEREST RATE - The account value currently earns 5% except the account value equal to any policy loan earns 5%. From October 6, 2003 to December 5, 2003, the current interest rate was 5.25%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2004, will be \$3,769.07. The total account value has been reduced by the surrender charge of \$960.00 to determine the surrender value.

Thanks for letting us serve you...

All amounts shown are subject to verification.
 See reverse side for important information.

Prepared OCT 5 2004

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

INSURED MICHAEL G VOGT
 POLICY NUMBER LF-1722-5380 PLEASE PAY THIS AMOUNT NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
 8900 Amberglen Blvd
 AUSTIN TX 78729-1110

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ANNUAL CONTACT LIFE 1005

Vogt, Michael G. v. SFLIC

VOGTM00000095PROD

**Information continued for policy LP-1722-5380
Prepared October 5, 2004**

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2004

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2003 Annual Notice					4,212.60
10062003	-	5.00	112.61	-	4,094.99
10312003	150.00	7.50	-	-	4,237.49
11062003	-	5.00	112.56	17.60	4,137.53
11302003	150.00	7.50	-	-	4,280.03
12062003	-	5.00	112.51	17.78	4,180.30
12312003	150.00	7.50	-	-	4,322.80
01062004	-	5.00	112.46	17.12	4,222.46
01312004	150.00	7.50	-	-	4,364.96
02062004	-	5.00	112.41	17.30	4,264.85
02292004	150.00	7.50	-	-	4,407.35
03052004	-	5.00	112.36	17.48	4,307.47
03312004	150.00	7.50	-	-	4,449.97
04062004	-	5.00	112.31	17.64	4,350.30
04302004	150.00	7.50	-	-	4,492.80
05062004	-	5.00	112.26	17.82	4,393.36
05312004	150.00	7.50	-	-	4,535.86
06062004	-	5.00	112.21	17.99	4,436.64
06302004	150.00	7.50	-	-	4,579.14
07062004	-	5.00	112.16	18.17	4,480.15
07312004	150.00	7.50	-	-	4,622.65
08062004	-	5.00	112.11	18.35	4,523.89
08312004	150.00	7.50	-	-	4,666.39
09062004	-	5.00	112.05	18.52	4,567.85
09302004	150.00	7.50	-	-	4,710.36

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____

City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____

Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary (if temporary, how many months? _____) Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)
Is the vehicle driven to and from work/school? Yes No
If the answer is "yes", what is the average weekly mileage for such use? _____

287-727.1 06-31-2007 (L06008)

Vogt, Michael G. v. SFLIC

VOGTM00000096PROD

State Farm Life Insurance Co.
 8900 Ambarglen Blvd
 AUSTIN TX 78729-1110
 Telephone (512)918-6704

LIFE

POLICY NUMBER LP-1722-5380 Annual Notice of Policy Status PLEASE PAY THIS AMOUNT NONE

0000001 INSURED
 MICHAEL G VOGT MICHAEL G VOGT
 12039 NW CROOKED RD
 KANSAS CITY MO 64152-1469

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2004, to October 6, 2005.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 5, 2005, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until February 4, 2010, based on guaranteed rates; and until September 4, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until September 4, 2007, based on guaranteed rates; and until September 4, 2008, based on current rates.

INSURANCE INFORMATION Insurance Amount
 Universal Life \$100,000.00

COST OF INSURANCE Insurance Cost
 Universal Life \$1,461.90

ACCOUNT VALUE	Increase	Decrease	Balance
Balance from 2004 Annual Notice			4,729.07
Payments	1,800.00		
Interest Credited	206.31		
Expense Charges		150.00	
Cost of Insurance		1,461.90	
Balance as of Sep. 30, 2005			5,123.48
Interest to Be Earned Oct. 6, 2005	19.39		
Total			5,142.87

INTEREST RATE - The account value currently earns 4.75% except the account value equal to any policy loan earns 6%. From October 6, 2004 to December 5, 2004, the current interest rate was 5%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2005, will be \$4,374.87. The total account value has been reduced by the surrender charge of \$768.00 to determine the surrender value.

317-212 Printed in U.S.A. Rev. 07-10-2004 603228

Thanks for letting us serve you...

(Page 1 of 2)
 All amounts shown are subject to verification.
 See reverse side for important information.

Prepared OCT 5 2005

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT
 INSURED MICHAEL G VOGT
 POLICY NUMBER LP-1722-5380

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM
 PLEASE PAY THIS AMOUNT NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
 8900 Ambarglen Blvd
 AUSTIN TX 78729-1110

ANNUAL CONTACT LIFE 1005

Vogt, Michael G. v. SFLIC

VOGTM00000089PROD

Information continued for policy LW-1722-5380
Prepared October 5, 2005

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2005

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2004 Annual Notice	-	-	-	-	4,729.07
10062004	-	5.00	122.07	-	4,602.00
10312004	150.00	7.50	-	-	4,744.50
11062004	-	5.00	122.02	18.84	4,636.32
11302004	150.00	7.50	-	-	4,778.82
12062004	-	5.00	121.98	18.99	4,670.83
12312004	150.00	7.50	-	-	4,813.33
01062005	-	5.00	121.93	18.19	4,704.59
01312005	150.00	7.50	-	-	4,847.09
02062005	-	5.00	121.89	18.32	4,738.52
02282005	150.00	7.50	-	-	4,881.02
03062005	-	5.00	121.85	18.46	4,772.63
03312005	150.00	7.50	-	-	4,915.13
04062005	-	5.00	121.80	18.58	4,806.91
04302005	150.00	7.50	-	-	4,949.41
05062005	-	5.00	121.76	18.72	4,841.37
05312005	150.00	7.50	-	-	4,983.87
06062005	-	5.00	121.72	18.85	4,876.00
06302005	150.00	7.50	-	-	5,018.50
07062005	-	5.00	121.67	18.99	4,910.82
07312005	150.00	7.50	-	-	5,053.32
08062005	-	5.00	121.63	19.12	4,945.81
08312005	150.00	7.50	-	-	5,088.31
09062005	-	5.00	121.58	19.25	4,980.98
09302005	150.00	7.50	-	-	5,123.48

(Page 2 of 2)

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____
 City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____
 Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary If temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)
 Is the vehicle driven to and from work/school? Yes No
 If the answer is "yes", what is the average weekly mileage for such use? _____

297-727.1 08-31-2007 (L05008)

Vogt, Michael G. v. SFLIC

VOGTM0000090PROC

State Farm Life Insurance Co.
8900 Amberglen Blvd
AUSTIN TX 78729-1110
Telephone (512)918-6704

LIFE

POLICY NUMBER
LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT

NONE

E000001 INSURED
MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2005, to October 6, 2006.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the Pre-Authorized Payment Plan. Any payment received after October 5, 2006, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until September 4, 2010, based on guaranteed rates; and until August 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until September 4, 2008, based on guaranteed rates; and until September 4, 2009, based on current rates.

INSURANCE INFORMATION

Insurance Amount

Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost

Universal Life \$1,593.36

ACCOUNT VALUE

	Increase	Decrease	Balance
Balance from 2005 Annual Notice			5,142.87
Payments	1,800.00		
Interest Credited	210.07		
Expense Charges		150.00	
Cost of Insurance		1,593.36	
Balance as of Sep. 30, 2006			5,409.58
Interest to Be Earned Oct. 6, 2006	19.44		
Total			5,429.02

INTEREST RATE - The account value currently earns 4.5% except the account value equal to any policy loan earns 6%. From October 6, 2005 to December 5, 2005, the current interest rate was 4.75%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2006, will be \$4,853.02. The total account value has been reduced by the surrender charge of \$576.00 to determine the surrender value.

(Page 1 of 2)

All amounts shown are subject to verification.
See reverse side for important information.

Thanks for letting us serve you ...

Prepared OCT 5 2006

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

PLEASE PAY THIS AMOUNT
NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
8900 Amberglen Blvd
AUSTIN TX 78729-1110

|||||

ANNUAL CONTACT

LIFE

1005

Vogt, Michael G. v. SFLIC

VOGTM00000125PROD

**Information continued for policy LP-1722-5380
Prepared October 5, 2006**

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending September 30, 2006

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2005 Annual Notice	-	-	-	-	5,142.87
10062005	-	5.00	132.96	-	5,004.91
10312005	150.00	7.50	-	-	5,147.41
11062005	-	5.00	132.93	19.48	5,028.96
11302005	150.00	7.50	-	-	5,171.46
12062005	-	5.00	132.90	19.58	5,053.14
12312005	150.00	7.50	-	-	5,195.64
01062006	-	5.00	132.86	18.65	5,076.43
01312006	150.00	7.50	-	-	5,218.93
02062006	-	5.00	132.83	18.74	5,099.84
02282006	150.00	7.50	-	-	5,242.34
03062006	-	5.00	132.80	18.83	5,123.37
03312006	150.00	7.50	-	-	5,265.87
04062006	-	5.00	132.76	18.91	5,147.02
04302006	150.00	7.50	-	-	5,289.52
05062006	-	5.00	132.73	19.00	5,170.79
05312006	150.00	7.50	-	-	5,313.29
06062006	-	5.00	132.70	19.09	5,194.68
06302006	150.00	7.50	-	-	5,337.18
07062006	-	5.00	132.66	19.18	5,218.70
07312006	150.00	7.50	-	-	5,361.20
08062006	-	5.00	132.63	19.26	5,242.83
08312006	150.00	7.50	-	-	5,385.33
09062006	-	5.00	132.60	19.35	5,267.08
09302006	150.00	7.50	-	-	5,409.58

(Page 2 of 2)

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____

City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____

Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary If temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)

Is the vehicle driven to and from work/school? Yes No

If the answer is "yes", what is the average weekly mileage for such use? _____

291-7271 08-31-2007 (L0600R)

Vogt, Michael G. v. SFLIC

VOGTM00000126PROD

State Farm Life Insurance Co.
 8900 Amberglen Blvd
 AUSTIN TX 78729-1110
 Telephone (512)918-0704

LIFE

POLICY NUMBER Annual Notice of Policy Status PLEASE PAY THIS AMOUNT
 LP-1722-5380 NONE

E000001 INSURED
 MICHAEL G VOGT MICHAEL G VOGT
 12039 NW CROOKED RD
 KANSAS CITY MO 64152-1469

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2006, to October 6, 2007. _____

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the State Farm Payment Plan. Any payment received after October 5, 2007, is not reflected on this notice. _____

Continued planned payments of \$150.00 each month will provide coverage until March 7, 2011, based on guaranteed rates; and until August 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until August 5, 2009, based on guaranteed rates; and until July 5, 2010, based on current rates.

INSURANCE INFORMATION Insurance Amount
 Universal Life \$100,000.00

COST OF INSURANCE Insurance Cost
 Universal Life \$1,749.39

ACCOUNT VALUE	Increase	Decrease	Balance
Balance from 2006 Annual Notice			5,429.02
Payments	1,800.00		
Interest Credited	216.39		
Expense Charges		150.00	
Cost of Insurance		1,749.39	
Balance as of Oct. 2, 2007			5,546.02
Interest to Be Earned Oct. 6, 2007	19.91		
Total			5,565.93

INTEREST RATE - The account value currently earns 4.5% except the account value equal to any policy loan earns 6%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2007, will be \$5,181.93. The total account value has been reduced by the surrender charge of \$384.00 to determine the surrender value.

(Page 1 of 2)

All amounts shown are subject to verification. See reverse side for important information.

Thanks for letting us serve you...

State Farm Life Insurance Co (Not Licensed in MA, NY, or WI) State Farm Life and Accident Assurance Co (Licensed in NY and WI)
 Prepared OCT 5 2007

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

INSURED MICHAEL G VOGT
 POLICY NUMBER LP-1722-5380

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

PLEASE PAY THIS AMOUNT NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
 8900 Amberglen Blvd
 AUSTIN TX 78729-1110

ANNUAL CONTRACT LIFE 1005

Vogt, Michael G. v. SFLIC

VOGTM00000083PROD

Information continued for policy LF-1722-5380
Prepared October 5, 2007

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending October 2, 2007

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2006 Annual Notice					\$,429.02
10062006	-	5.00	145.86	-	\$,278.16
10312006	150.00	7.50	-	-	\$,420.66
11062006	-	5.00	145.84	19.48	\$,289.30
11302006	150.00	7.50	-	-	\$,431.80
12062006	-	5.00	145.83	19.52	\$,300.49
12312006	150.00	7.50	-	-	\$,442.99
01062007	-	5.00	145.81	19.56	\$,311.74
01312007	150.00	7.50	-	-	\$,454.24
02062007	-	5.00	145.79	19.60	\$,323.05
02282007	150.00	7.50	-	-	\$,465.55
03062007	-	5.00	145.77	19.65	\$,334.43
03312007	150.00	7.50	-	-	\$,478.93
04062007	-	5.00	145.76	19.69	\$,345.86
04302007	150.00	7.50	-	-	\$,488.36
05062007	-	5.00	145.74	19.73	\$,357.35
05312007	150.00	7.50	-	-	\$,499.85
06062007	-	5.00	145.72	19.77	\$,368.90
06302007	150.00	7.50	-	-	\$,511.40
07062007	-	5.00	145.70	19.82	\$,380.52
08062007	-	5.00	145.90	19.77	\$,249.39
08072007	150.00	7.50	-	-	\$,391.89
09042007	150.00	7.50	-	-	\$,534.39
09062007	-	5.00	145.67	19.80	\$,403.52
10022007	150.00	7.50	-	-	\$,546.02

(Page 2 of 2)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information on your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____
 City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____
 Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary If temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)
 Is the vehicle driven to and from work/school? Yes No
 If the answer is "yes", what is the average weekly mileage for such use? _____

247-727.1 06-31-2007 (L0500B)

Vogt, Michael G. v. SFLIC

VOGTM00000084PROD

State Farm Life Insurance Co.
8900 Amberglen Blvd
AUSTIN TX 78729-1110
Telephone (970)395-4094

LIFE

POLICY NUMBER
LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT
NONE

E000001 INSURED
MICHAEL G VOGT MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2007, to October 6, 2008.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the State Farm Payment Plan. Any payment received after October 4, 2008, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until October 5, 2011, based on guaranteed rates; and until August 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until July 5, 2010, based on guaranteed rates; and until April 7, 2011, based on current rates.

INSURANCE INFORMATION

Insurance Amount
Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost
Universal Life \$1,917.91

ACCOUNT VALUE

	Increase	Decrease	Balance
Balance from 2007 Annual Notice			5,565.93
Payments	1,800.00		
Interest Credited	218.30		
Expense Charges		150.00	
Cost of Insurance		1,917.91	
Balance as of Oct. 2, 2008			5,516.32
Interest to Be Earned Oct. 6, 2008	19.80		
Total			5,536.12

INTEREST RATE - The account value currently earns 4.5% except the account value equal to any policy loan earns 5%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2008, will be \$5,344.12. The total account value has been reduced by the surrender charge of \$192.00 to determine the surrender value.

217-212 Revised 4/2008 Rev. 07-10-2008 302323M

Thanks for letting us serve you...

(Page 1 of 2)
All amounts shown are subject to verification.
See reverse side for important information.

State Farm Life Insurance Co (Not Licensed in MA, NY, or WI) State Farm Life and Accident Assurance Co (Licensed in NY and WI)
Prepared OCT 4 2008

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

PLEASE PAY THIS AMOUNT
NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
8900 Amberglen Blvd
AUSTIN TX 78729-1110

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ANNUAL CONTACT

LIFE

1004

Vogt, Michael G. v. SFLIC

VOGTM00000131PROD

**Information continued for policy LF-1722-5380
Prepared October 2, 2008**

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
 Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending October 2, 2008

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2007 Annual Notice					5,565.93
10062007	-	5.00	159.80	-	5,401.13
11022007	150.00	7.50	-	-	5,543.63
11062007	-	5.00	159.81	19.90	5,398.72
12032007	150.00	7.50	-	-	5,541.22
12062007	-	5.00	159.81	19.87	5,396.28
01022008	150.00	7.50	-	-	5,538.78
01062008	-	5.00	159.82	19.88	5,393.84
02042008	150.00	7.50	-	-	5,536.34
02062008	-	5.00	159.82	19.84	5,391.36
03032008	150.00	7.50	-	-	5,533.86
03062008	-	5.00	159.82	19.85	5,388.89
04022008	150.00	7.50	-	-	5,531.39
04062008	-	5.00	159.83	19.85	5,386.41
05022008	150.00	7.50	-	-	5,528.91
05062008	-	5.00	159.83	19.85	5,383.93
06022008	150.00	7.50	-	-	5,526.43
06062008	-	5.00	159.84	19.84	5,381.43
07022008	150.00	7.50	-	-	5,523.93
07062008	-	5.00	159.84	19.83	5,378.92
08042008	150.00	7.50	-	-	5,521.42
08062008	-	5.00	159.84	19.78	5,376.36
09022008	150.00	7.50	-	-	5,518.86
09062008	-	5.00	159.85	19.81	5,373.82
10022008	150.00	7.50	-	-	5,516.32

(Page 2 of 2)

When you provide a check as payment you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information on your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____

City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____

Township _____ County _____ Inside City Limits Outside City Limits

Is change: Permanent Temporary if temporary, how many months? _____ Do you plan to return to your previous address? Yes No

Mailing address change only Location change (Please see your State Farm Agent)

(Auto Policyholders Only)

Is the vehicle driven to and from work/school? Yes No

If the answer is "yes", what is the average weekly mileage for such use? _____

207-727.1 08 31 2007 (L05006)

Vogt, Michael G. v. SFLIC

VOGTM00000132PROD

State Farm Life Insurance Co.
8900 Amberglen Blvd
AUSTIN TX 78728-1110
Telephone (970)395-4094

LIFE

POLICY NUMBER
LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT
NONE

8000001
MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

INSURED
MICHAEL G VOGT

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2008, to October 6, 2009.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the State Farm Payment Plan. Any payment received after October 5, 2009, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until April 6, 2012, based on guaranteed rates; and until July 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until April 7, 2011, based on guaranteed rates; and until January 5, 2012, based on current rates.

INSURANCE INFORMATION

Insurance Amount

Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost

Universal Life \$2,123.61

ACCOUNT VALUE

	Increase	Decrease	Balance
Balance from 2008 Annual Notice			5,536.12
Payments	1,800.00		
Interest Credited	212.91		
Expense Charges		150.00	
Cost of Insurance		2,123.61	
Balance as of Oct. 2, 2009			5,275.42
Interest to Be Earned Oct. 6, 2009	18.91		
Total			5,294.33

INTEREST RATE - The account value currently earns 4.5% except the account value equal to any policy loan earns 6%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2009, will be \$5,294.33. The total account value has been reduced by the surrender charge of \$.00 to determine the surrender value.

(Page 1 of 2)

All amounts shown are subject to verification.
See reverse side for important information.

Thanks for letting us serve you...

State Farm Life Insurance Co (Not Licensed in MA, NY, or WI) / State Farm Life and Accident Assurance Co (Licensed in NY and WI)

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

PLEASE PAY THIS AMOUNT
NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
8900 Amberglen Blvd
AUSTIN TX 78729-1110

|||||

ANNUAL CONTACT

LIFE

1005

Vogt, Michael G. v. SFLIC

VOGTM00000077PROD

Information continued for policy LF-1722-5380
Prepared October 5, 2009

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

Note: A change in marital status could necessitate a new beneficiary designation. Please contact your agent if your marital status has changed.

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending October 2, 2009

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2008 Annual Notice					5,536.12
10062008	-	5.00	176.75	-	5,354.36
11032008	150.00	7.50	-	-	5,496.86
11062008	-	5.00	176.80	19.71	5,334.77
12022008	150.00	7.50	-	-	5,477.27
12062008	-	5.00	176.84	19.66	5,315.09
01022009	150.00	7.50	-	-	5,457.59
01062009	-	5.00	176.87	19.58	5,295.30
02022009	150.00	7.50	-	-	5,437.80
02062009	-	5.00	176.91	19.51	5,275.40
03022009	150.00	7.50	-	-	5,417.90
03062009	-	5.00	176.95	19.44	5,255.39
04022009	150.00	7.50	-	-	5,397.89
04062009	-	5.00	176.98	19.36	5,235.27
05042009	150.00	7.50	-	-	5,377.77
05062009	-	5.00	177.02	19.26	5,215.01
06022009	150.00	7.50	-	-	5,357.51
06062009	-	5.00	177.06	19.21	5,194.66
07022009	150.00	7.50	-	-	5,337.16
07062009	-	5.00	177.10	19.14	5,174.20
08032009	150.00	7.50	-	-	5,316.70
08062009	-	5.00	177.14	19.05	5,153.61
09022009	150.00	7.50	-	-	5,296.11
09062009	-	5.00	177.18	18.99	5,132.92
10022009	150.00	7.50	-	-	5,275.42

(Page 2 of 2)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information on your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route			Residence Phone Number	
City	State/Province	ZIP/Postal Code	Business Phone Number	
Township	County	<input type="checkbox"/> Inside City Limits	<input type="checkbox"/> Outside City Limits	
Is change: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary if temporary, how many months? _____ Do you plan to return to your previous address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Mailing address change only <input type="checkbox"/> Location change (Please see your State Farm Agent)				
(Auto Policyholders Only)				
Is the vehicle driven to and from work/school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If the answer is "yes", what is the average weekly mileage for such use? _____				

287-127.1 08-31-2007 (L05008)

Vogt, Michael G. v. SFLIC

VOGTM00000078PROD

++++LF172253802010100505E0228662594BC49

State Farm Life Insurance Co.
8900 Amberglen Blvd
AUSTIN TX 78729-1110
Telephone (870)395-4084

LIFE

POLICY NUMBER
LF-1722-5380

Annual Notice of Policy Status

PLEASE PAY THIS AMOUNT

NONE

E022866
MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

INSURED
MICHAEL G VOGT

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2009, to October 6, 2010.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the State Farm Payment Plan. Any payment received after October 5, 2010, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until October 5, 2012, based on guaranteed rates; and until July 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until January 5, 2012, based on guaranteed rates; and until August 5, 2012, based on current rates.

INSURANCE INFORMATION

Insurance Amount

Universal Life \$100,000.00

COST OF INSURANCE

Insurance Cost

Universal Life \$2,355.44

ACCOUNT VALUE

	Increase	Decrease	Balance
Balance from 2009 Annual Notice			5,294.33
Payments	1,800.00		
Interest Credited	186.52		
Expense Charges		150.00	
Cost of Insurance		2,355.44	
Balance as of Oct. 4, 2010			4,775.41
Interest to Be Earned Oct. 6, 2010	15.18		
Total			4,790.59

INTEREST RATE - The account value currently earns 4% except the account value equal to any policy loan earns 5%. From December 6, 2009 to June 5, 2010, the current interest rate was 4.25%. From October 6, 2009 to December 5, 2009, the current interest rate was 4.5%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2010, will be \$4,790.59. The total account value has been reduced by the surrender charge of \$.00 to determine the surrender value.

(Page 1 of 2)

All amounts shown are subject to verification.
See reverse side for important information.

Thanks for letting us serve you . . .

Agent: KEN ROBINSON

Telephone: (816) 587-5466 or (816) 587-8530 Prepared OCT 5 2010
State Farm Life Insurance Co (Not Licensed in MA, NY, or WI) State Farm Life and Accident Assurance Co (Licensed in NY and WI)

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE PAY THIS AMOUNT

NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
8900 Amberglen Blvd
AUSTIN TX 78729-1110

|||||

ANNUAL CONTACT

LIFE

1005

Vogt, Michael G. v. SFLIC

VOGIM00000072PROD

Information continued for policy LF-1722-5380
Prepared October 5, 2010

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

Note: A change in marital status could necessitate a new beneficiary designation. Please contact your agent if your marital status has changed.

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by calling your agent at (616) 587-5466, or by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending October 4, 2010

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2009 Annual Notice					5,294.33
10-06-2009	-	5.00	195.82	-	5,093.51
11-02-2009	150.00	7.50	-	-	5,236.01
11-06-2009	-	5.00	195.90	16.77	5,053.88
12-02-2009	150.00	7.50	-	-	5,196.38
12-06-2009	-	5.00	195.98	16.62	5,014.02
01-04-2010	150.00	7.50	-	-	5,156.52
01-06-2010	-	5.00	196.07	17.44	4,972.89
02-02-2010	150.00	7.50	-	-	5,115.39
02-06-2010	-	5.00	196.15	17.33	4,931.57
03-02-2010	150.00	7.50	-	-	5,074.07
03-06-2010	-	5.00	196.24	17.19	4,890.02
04-02-2010	150.00	7.50	-	-	5,032.52
04-06-2010	-	5.00	196.33	17.04	4,848.23
05-03-2010	150.00	7.50	-	-	4,990.73
05-06-2010	-	5.00	196.41	16.88	4,806.20
06-02-2010	150.00	7.50	-	-	4,948.70
06-06-2010	-	5.00	196.50	16.75	4,763.95
07-02-2010	150.00	7.50	-	-	4,906.45
07-06-2010	-	5.00	196.59	15.64	4,720.50
08-02-2010	150.00	7.50	-	-	4,863.00
08-06-2010	-	5.00	196.68	15.50	4,676.82
09-02-2010	150.00	7.50	-	-	4,819.32
09-06-2010	-	5.00	196.77	15.36	4,632.91
10-04-2010	150.00	7.50	-	-	4,775.41

(Page 2 of 2)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information on your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. IF THIS IS NOT CONVENIENT, PLEASE COMPLETE THE FOLLOWING.

Street or Rural Route _____ Residence Phone Number _____
 City _____ State/Province _____ ZIP/Postal Code _____ Business Phone Number _____
 Township _____ County _____ Inside City Limits Outside City Limits
 Is change: Permanent Temporary If temporary, how many months? _____ Do you plan to return to your previous address? Yes No
 Mailing address change only Location change (Please see your State Farm Agent)
 (Auto Policyholders Only)
 Is the vehicle driven to and from work/school? Yes No
 If the answer is "yes", what is the average weekly mileage for such use? _____

287-127.1 08-31-2007 (L0500B)

Vogt, Michael G. v. SFLIC

VOGTM00000073PROD

++++LF172253802011100505E02273825611849

State Farm Life Insurance Co.
8900 Amberglen Blvd
AUSTIN TX 78729-1110
Telephone (970)395-4094

LIFE

POLICY NUMBER Annual Notice of Policy Status PLEASE PAY THIS AMOUNT
LF-1722-5380 NONE

E022738 INSURED
MICHAEL G VOGT MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469

|||||

POLICY DATE INFORMATION - Your policy is dated October 6, 1999. This notice provides information from October 6, 2010, to October 6, 2011.

PAYMENT INFORMATION - No amount is due. Your monthly payments of \$150.00 are made on the State Farm Payment Plan. Any payment received after October 5, 2011, is not reflected on this notice.

Continued planned payments of \$150.00 each month will provide coverage until April 7, 2013, based on guaranteed rates; and until July 5, 2014, based on current rates.

If no further payments are made, your policy will provide coverage until October 5, 2012, based on guaranteed rates; and until March 7, 2013, based on current rates.

INSURANCE INFORMATION Insurance Amount
Universal Life \$100,000.00

COST OF INSURANCE Insurance Cost
Universal Life \$2,640.54

ACCOUNT VALUE	Increase	Decrease	Balance
Balance from 2010 Annual Notice			4,790.59
Payments	1,800.00		
Interest Credited	152.60		
Expense Charges		150.00	
Cost of Insurance		2,640.54	
Balance as of Oct. 3, 2011			3,952.65
Interest to Be Earned Oct. 6, 2011	12.50		
Total			3,965.15

INTEREST RATE - The account value currently earns 4% except the account value equal to any policy loan earns 6%. The interest rates are effective annual interest rates.

SURRENDER VALUE - The surrender value as of October 6, 2011, will be \$3,965.15. The total account value has been reduced by the surrender charge of \$.00 to determine the surrender value.

{ Page 1 of 2 }

All amounts shown are subject to verification.
See reverse side for important information.

Thanks for letting us serve you...

State Farm Life Insurance Co (Not Licensed in MA, NY, or WI) / State Farm Life and Accident Assurance Co (Licensed in NY and WI)
Prepared OCT 5 2011

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

INSURED MICHAEL G VOGT
POLICY NUMBER LF-1722-5380

PLEASE PAY THIS AMOUNT NONE

Your cancelled check is your receipt. Any check, draft, or money order is received subject to collection.

State Farm Insurance Companies
8900 Amberglen Blvd
AUSTIN TX 78729-1110
|||||

ANNUAL CONTACT LIFE 1005

Vogt, Michael G. v. SFLIC

VOGTM0000070PROD

Information continued for policy LF-1722-5380
Prepared October 5, 2011

BENEFICIARY INFORMATION - The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

Note: A change in marital status could necessitate a new beneficiary designation. Please contact your agent if your marital status has changed.

IMPORTANT POLICYOWNER NOTICE - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by writing or calling State Farm Insurance at the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

ADDITIONAL INFORMATION - A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

FINANCIAL TRANSACTIONS - Activity for Year Ending October 3, 2011

Date	Payments/ (Withdrawals)	Expense Charges	Cost of Insurance	Interest Credited	Ending Account Value
Balance from 2010 Annual Notice	-	-	-	-	4,790.59
10-06-2010	-	5.00	219.18	-	4,566.41
11-02-2010	150.00	7.50	-	-	4,708.91
11-06-2010	-	5.00	219.34	14.99	4,499.56
12-02-2010	150.00	7.50	-	-	4,642.06
12-06-2010	-	5.00	219.49	14.78	4,432.35
01-04-2011	150.00	7.50	-	-	4,574.85
01-06-2011	-	5.00	219.65	14.53	4,364.73
02-02-2011	150.00	7.50	-	-	4,507.23
02-06-2011	-	5.00	219.80	14.33	4,296.76
03-02-2011	150.00	7.50	-	-	4,439.26
03-06-2011	-	5.00	219.96	14.12	4,228.42
04-04-2011	150.00	7.50	-	-	4,370.92
04-06-2011	-	5.00	220.12	13.86	4,159.66
05-02-2011	150.00	7.50	-	-	4,302.16
05-06-2011	-	5.00	220.28	13.66	4,090.44
06-02-2011	150.00	7.50	-	-	4,233.04
06-06-2011	-	5.00	220.44	13.44	4,021.04
07-05-2011	150.00	7.50	-	-	4,163.44
07-06-2011	-	5.00	220.60	13.16	3,951.10
08-02-2011	150.00	7.50	-	-	4,093.60
08-06-2011	-	5.00	220.76	12.98	3,880.82
09-02-2011	150.00	7.50	-	-	4,023.32
09-06-2011	-	5.00	220.92	12.75	3,810.15
10-03-2011	150.00	7.50	-	-	3,952.65

1321813 12-28-2010 10:00:00

(Page 2 of 2)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information on your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.



Vogt, Michael G. v. SFLIC

VOGTM00000071PROD



State Farm Life Insurance Company
8900 Amberglen Blvd
AUSTIN TX 78729-1110
Phone: 970-396-4094

Annual Notice	
Policy Number:	LF-1722-5380
Plan:	Universal Life
Insured:	MICHAEL G VOGT

L002802
MICHAEL G VOGT
12039 NW CROOKED RD
KANSAS CITY MO 64152-1469



Agent Tim Dugan
6453 N Cosby Ave
Kansas City, MO 64151-2378
Phone: 816-746-1300

100428 1/25/12 201 08-15-2012 RM49

Important Next Steps

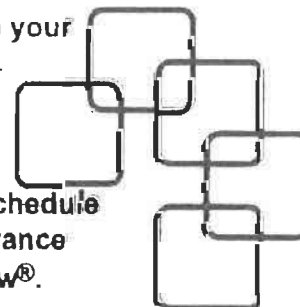
- Review this document closely to make sure this policy continues to meet your needs.
- **IMPORTANT NOTICE:** Your policy is projected to lapse within the next 10 years, based on current rates, and assuming your current planned premiums are paid. Please review the End of Coverage Projection portion of this notice and then contact your State Farm agent to determine if changes are needed.
- Universal Life policies are flexible and change from year to year based on interest rates, payments, and other factors. Contact your State Farm agent to review your policy and options available to you.

Thanks for letting us serve you!



As life changes, so do your insurance needs.

Contact your agent to schedule your State Farm Insurance and Financial Review®.



++++LF172253802012100509L002995259CD949



Policy Information

Policy Number
LF-1722-5380

Policy Date
October 08, 1999

Payment Information
\$150.00 via the State Farm Payment Plan.

Insured
MICHAEL G VOGT

Plan
Universal Life

Any payment received after October 5, 2012, is not reflected on this notice.



This notice reflects activity from October 8, 2011, to October 8, 2012.

8T-002286
01003-000003

Beneficiary Information

The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

Note: A change in marital status could necessitate a new beneficiary designation. Please contact your agent if your marital status has changed.

Insurance Information

Insurance Amount	Insured
Universal Life	\$100,000.00
Cost of Insurance	
Universal Life	\$2,953.10



End of Coverage Projection



If no further payments are made, your policy will provide coverage until June 5, 2013, when the insured's age is 67, based on guaranteed rates, and until September 4, 2013, when the insured's age is 67, based on current rates.

If continued planned payments of \$150.00 each month are made, your policy will provide coverage until October 5, 2013, when the insured's age is 67, based on guaranteed rates, and until July 5, 2014, when the insured's age is 68, based on current rates.

A payment of at least \$1,492.44 will provide coverage until October 6, 2013, based on guaranteed rates.

The age(s) shown above are based on the insured's age as of the policy anniversary preceding the projected coverage end date.

IMPORTANT NOTICE: Your policy is projected to lapse within the next 10 years, based on current rates, and assuming your current planned premiums are paid. While this is not necessarily a cause for concern, it is important to review the level at which your policy is being funded. Contact your State Farm agent today. Your agent will assist you in determining whether additional premium payments are necessary to ensure your policy continues to provide the coverage and protection you need.

Account Value

Balance from 2011 Annual Notice	\$3,985.18
Increases	
Payments	1,800.00
Interest Credited	116.75
Interest to be Earned October 6, 2012	8.68
Decreases	
Expense Charges	- 150.00
Cost of Insurance	- 2,953.10
Total Account Value as of October 6, 2012	\$2,787.48

Interest Rate — The account value currently earns 4% except the account value equal to any policy loan earns 6%. The interest rates are effective annual interest rates.

Surrender Value as of October 6, 2012, will be \$2,787.48. The total account value has been reduced by the surrender charge of \$0.00 to determine the surrender value.

Note: If you request to surrender your policy, it cannot be reinstated.

Transaction details are provided in the Account Value Transactions portion of this notice.



Account Value Transactions

Date	Payments/ (Withdrawals)	Interest Credited	Expense Charges	Cost of Insurance	Ending Account Value
Balance from 2011 Annual Notice					\$3,965.15
10-08-2011	-	-	5.00	244.73	3,715.42
11-02-2011	150.00	-	7.50	-	3,857.92
11-08-2011	-	12.21	5.00	244.97	3,620.16
12-02-2011	150.00	-	7.50	-	3,762.66
12-06-2011	-	11.90	5.00	245.22	3,524.34
01-04-2012	150.00	-	7.50	-	3,666.84
01-08-2012	-	11.55	5.00	245.48	3,427.93
02-02-2012	150.00	-	7.50	-	3,570.43
02-06-2012	-	11.27	5.00	245.71	3,330.99
03-02-2012	150.00	-	7.50	-	3,473.49
03-08-2012	-	10.95	5.00	245.98	3,233.48
04-02-2012	150.00	-	7.50	-	3,375.98
04-06-2012	-	10.63	5.00	246.21	3,135.40
05-02-2012	150.00	-	7.50	-	3,277.90
05-06-2012	-	10.31	5.00	246.46	3,036.75
06-04-2012	150.00	-	7.50	-	3,179.25
06-08-2012	-	9.96	5.00	246.71	2,937.50
07-02-2012	150.00	-	7.50	-	3,080.00
07-06-2012	-	9.68	5.00	246.97	2,837.69
08-02-2012	150.00	-	7.50	-	2,980.19
08-06-2012	-	9.33	5.00	247.22	2,737.30
09-04-2012	150.00	-	7.50	-	2,879.80
09-08-2012	-	8.98	5.00	247.48	2,636.30
10-02-2012	150.00	-	7.50	-	2,778.80
Totals	\$1,800.00	\$116.75	\$150.00	\$2,953.10	\$2,778.80*

ST-00296
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* Does not reflect interest to be earned October 06, 2012.

Information and Services

- If you have moved, please contact your State Farm Agent or visit statefarm.com to change your address.
- All amounts shown are subject to verification.
- When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information on your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
- Under the tax law, certain events during the life of a life insurance policy may be taxable to the policyowner. The following may result in taxable income: partial withdrawals, policy surrenders, lapses, assignments, as well as loans from policies that are MECs (Modified Endowment Contracts). If an event is taxable, generally the amount the policyowner is taxed on is the "gain" in the policy. The gain usually is the policy's account value less the premiums paid. Once a taxable gain is reported, it cannot be changed. Please contact your tax advisor for additional information.
- A new illustration for policy benefits and value will be provided upon request. There is currently no charge for this projection.

Continued on next page



Information and Services (Continued)

- **IMPORTANT POLICY OWNER NOTICE** - You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, a current illustration by calling your agent at 816-746-1300, by calling State Farm Insurance at 970-395-4094, or by writing to the address listed on this notice. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

State Farm Life Insurance Company (Not Licensed in MA, NY, or WI)
State Farm Life and Accident Assurance Company (Licensed in NY and WI)
Bloomington, IL

Policy # LF-1722-5360

Page 5 of 5

Prepared October 5, 2012

Vogt, Michael G. v. SFLIC

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State Farm Life Insurance Company
8900 Amberglen Blvd
AUSTIN TX 78729-1110
Phone: 870-395-4094

L005630
MICHAEL G VOGT
12038 NW CROOKED RD
KANSAS CITY MO 64152-1489



Annual Notice

Policy Number: LF-1722-5380
Plan: Universal Life
Insured: MICHAEL G VOGT

Agent Tim Dugan
6453 N Cosby Ave
Kansas City, MO 64151-2378
Phone: 816-748-1300

10/04/2013 10:54:22 AM 01-11-2013 10:44

Important Next Steps

- Review this document closely to make sure this policy continues to meet your needs.
- **IMPORTANT NOTICE:** Your policy is projected to lapse within the next 10 years, based on current rates, and assuming your current planned premiums are paid. Please review the End of Coverage Projection portion of this notice and then contact your State Farm agent to determine if changes are needed.
- Universal Life policies are flexible and change from year to year based on interest rates, payments, and other factors. Contact your State Farm agent to review your policy and options available to you.

Thanks for letting us serve you!



GET TO A
**BETTER STATE WITH
BIG SAVINGS.**

You may qualify for discounts up to 40%* on your auto insurance.
Check in with your State Farm® agent today!

*Discount names, percentages, and availability may vary by state.

State Farm Mutual Automobile Insurance Company, State Farm Indemnity Company, Bloomington, IL

TP02

Policy # LF-1722-5380

Page 1 of 4

Prepared October 5, 2013



Policy Information

Policy Number
LF-1722-5380

Policy Date
October 06, 1999

Payment Information
\$150.00 via the State Farm Payment Plan.

Insured
MICHAEL G VOGT

Plan
Universal Life

Any payment received after October 5, 2013, is not reflected on this notice.



This notice reflects activity from October 6, 2012, to October 6, 2013.

ST 009902
0102-000005

Beneficiary Information

The beneficiary designation is an important part of your policy. Your beneficiary designation is:

Primary: BEVERLY VOGT
Successor: MICHAEL S VOGT, JENNIFER A BENEFIELD, WILLIAM PATRICK VOGT

Note: A change in marital status could necessitate a new beneficiary designation. Please contact your agent if your marital status has changed.

Insurance Information

Insurance Amount	Insured
Universal Life	\$100,000.00
Cost of Insurance	
Universal Life	\$3,317.98

End of Coverage Projection

If no further payments are made, your policy will provide coverage until February 4, 2014, when the insured's age is 68, based on guaranteed rates, and until March 7, 2014, when the insured's age is 68, based on current rates.

If continued planned payments of \$150.00 each month are made, your policy will provide coverage until March 7, 2014, when the insured's age is 68, based on guaranteed rates, and until July 5, 2014, when the insured's age is 68, based on current rates.

A payment of at least \$3,614.97 will provide coverage until October 6, 2014, based on guaranteed rates.

The age(s) shown above are based on the insured's age as of the policy anniversary preceding the projected coverage end date.

IMPORTANT NOTICE: Your policy is projected to lapse within the next 10 years, based on current rates, and assuming your current planned premiums are paid. While this is not necessarily a cause for concern, it is important to review the level at which your policy is being funded. Contact your State Farm agent today. Your agent will assist you in determining whether additional premium payments are necessary to ensure your policy continues to provide the coverage and protection you need.



Account Value

Balance from 2012 Annual Notice	\$2,787.48
Increases	
Payments	1,800.00
Interest Credited	67.03
Interest to be Earned October 6, 2013	3.45
Decreases	
Expense Charges	- 150.00
Cost of Insurance	- 3,317.98
Total Account Value as of October 6, 2013	\$1,189.98

Interest Rate — The account value currently earns 4% except the account value equal to any policy loan earns 6%. The interest rates are effective annual interest rates.

Surrender Value as of October 6, 2013, will be \$1,189.98. The total account value has been reduced by the surrender charge of \$0.00 to determine the surrender value.

Note: If you request to surrender your policy, it cannot be reinstated.

Transaction details are provided in the Account Value Transactions portion of this notice.

Account Value Transactions

Date	Payments/ (Withdrawals)	Interest Credited	Expense Charges	Cost of Insurance	Ending Account Value
Balance from 2012 Annual Notice					\$2,787.48
10-06-2012	-	-	5.00	274.45	2,508.03
11-02-2012	150.00	-	7.50	-	2,650.53
11-06-2012	-	8.28	5.00	274.82	2,378.97
12-03-2012	150.00	-	7.50	-	2,521.47
12-06-2012	-	7.82	5.00	275.18	2,249.11
01-03-2013	150.00	-	7.50	-	2,391.61
01-06-2013	-	7.39	5.00	275.55	2,118.45
02-04-2013	150.00	-	7.50	-	2,260.95
02-06-2013	-	6.95	5.00	275.93	1,968.97
03-04-2013	150.00	-	7.50	-	2,129.47
03-06-2013	-	6.52	5.00	276.30	1,854.69
04-02-2013	150.00	-	7.50	-	1,997.19
04-06-2013	-	6.12	5.00	276.67	1,721.64
05-02-2013	150.00	-	7.50	-	1,864.14
05-06-2013	-	5.68	5.00	277.05	1,587.77
06-03-2013	150.00	-	7.50	-	1,730.27
06-06-2013	-	5.23	5.00	277.43	1,453.07
07-02-2013	150.00	-	7.50	-	1,595.57
07-06-2013	-	4.80	5.00	277.81	1,317.56
08-02-2013	150.00	-	7.50	-	1,460.06
08-06-2013	-	4.36	5.00	278.20	1,181.22
09-03-2013	150.00	-	7.50	-	1,323.72
09-06-2013	-	3.90	5.00	278.59	1,044.03
10-03-2013	150.00	-	7.50	-	1,186.53
Totals	\$1,800.00	\$67.03	\$150.00	\$3,317.98	\$1,189.98*

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ST-005992
0702-40006

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Bloomington, IL